



CALVIN L. RAMPTON  
Governor

STATE OF UTAH  
DEPARTMENT OF FINANCE  
STATE INSURANCE FUND  
147 EAST SIXTH SOUTH  
SALT LAKE CITY, UTAH 84111

HERBERT F. SMART  
Director of Finance

April 6, 1973

H. Tracy Hall, Inc.  
P.O. Box 7533  
University Station  
Provo, Utah 84602

Re: Policy Number 1H-2654

Your application for Workmen's Compensation and Occupational Disease Insurance, with your required deposit in the amount of \$ 57.42 is hereby acknowledged. The deposit is held in trust until the cancellation of your policy.

Policy coverage is effective as of April 4, 1973 12:01 AM subject to checks being collectible in full. Your policy and further explanation will be forwarded as soon as possible.

A payroll report form will be sent to you each January and July, on which you must report the total amount of your payroll up to the date of the form. The payroll should be extended as to your rate on the form, and returned with the premium payment.

The law requires that you maintain adequate payroll records as they are subject to periodic audit to adjust or confirm correctness.

We are happy to extend our services to you. Please call upon this office for any assistance we may render to you regarding Workmen's Compensation or Safety Education.

Sincerely yours,

STATE INSURANCE FUND

Underwriter

cc: Industrial Commission  
File  
SFP-1